

Life Insurance Corporation of India

Form No. 720

(Established by the Life Insurance Corporation Act. 1956)
PERSONAL STATEMENT REGARDING HEALTH

Date of receipt:
Inward No.:

For a policy on another life under C.D.A. plan with deferment period of 9 years or less on the date of proposal or revival of policy.

Divisional Office: Branch Office Proposal/PI.No.:
Agent's Name: Agent's Code:

1. Full name of the Proposer:
Full address:
..... Occupation:
2. Full name of the Life Assured/Life to be assured:
3. Is this application for:
a. Issue of new policy: Yes/No. If yes: Proposal No.
b. Revival of lapsed Policy: Yes/No. If yes: Policy No.
4. Have you paid nay deposit or arrears of premium? If so give, details:
(i) Amount Paid: Rs. (ii) Date (iii) How Paid:

Following questions are to be answered in respect of the Life Assured/Life to be Assured:

- | 5. Since the date of the above mentioned proposal/since the date of the proposal under the above mentioned policy | Answer
Yes/No | If 'yes' give details of ailment, date, duration, doctors consulted. |
|--|------------------|--|
| a. Has he/she ever suffered from: | | |
| i) Asthma, tuberculosis or any other disease of lungs? | | |
| ii) Any disease of kidney or any disease of the heart? | | |
| iii) Peptic ulcer or any disease of the stomach, liver Or spleen | | |
| iv) Diabetes, hernia, hydrocele, cancer or leprosy? | | |
| v) Paralysis, epilepsy, or any disease of the nervous System. | | |
| vi) Any other illness requiring treatment for more than a week? | | |
| b. Did he/she ever have any operation, accident or injury? | | |
| c. Has he/she had an electrocardiogram, X-ray or screening, Blood, urine, or stool examination? | | |
| d. What deaths or illness have there been in his/her family (parents, husband/wife, brothers, sisters or children)? Give age at death, date and cause of death. | | |
| e. Has a proposal or an application for revival of a policy on his/her life made to this or any other office of the Corporation or any insurer ever been: | | |
| i) Withdrawn or dropped? | | |
| ii) Accepted with an extra premium or lien? | | |
| iii) Deferred or declined? | | |
| iv) Accepted on terms otherwise than those proposed? | | |
| If so give details: | | |
| 6. Is any proposal or an application for revival of a lapsed policy on his/her life under consideration this or any other office of the Corporation? | Yes/No | If yes, give the following details:
I) Proposal No.
li) Policy No. |
| 7. Is he/she now in sound health? | | |
| 8. Is he/she a student? If so, in which standard? | | |

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DECLARATION

I, do hereby declare that the forgoing statements and answers are true in every particular, and agree and declare that these statements and this declaration along with my proposal for insurance shall be the basis of the contract of *assurance/ revival of the lapsed policy, between me and the Life Insurance Corporation Of India and that if any untrue averment be contained there in the said contract shall be absolutely null and void and all moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

**And I further declare that if between the date of this declaration and the date of revival of the policy (I) any change in the occupation of the life assured or any adverse circumstances concocted with the financial position or general health of the life assured or that of any member of his/her family occurs or (ii) a proposal for assurance or an application for revival of a policy on the life of the life assured with an increased premium or subject to a lien or on terms other than as proposed. I shall forthwith intimate the same to the Corporation in writing to reconsider the terms of acceptance. Any omission on my part to do so shall render this assurance invalid and all moneys, which shall have been paid in respect thereof, shall stand forfeited to the Corporation.

* Delete words not applicable

** Not applicable in case of application for new policy.

Dated at on the day of 2000.

Signature of witness:

Signature or thumb impression of the proposer.

Occupation & address:

1) If in this form the answers to the questions and/or signature of proposer are given in vernacular then the proposer should declare in his own handwriting above his own signature that all questions were explained to him and that his replies were given after fully and properly understanding the same. And this declaration should be made by the person filling in the form.

Name:
Address of the:
declarant:

I hereby declare that I have fully explained the above questions to the proposer and I have truthfully recorded the answers given by proposer

Signature:

2) In case the proposer is Illiterate the thumb impression of the proposer should be attested by a person of standing whose identity can easily be established, but unconnected with the Corporation and this declaration should be made by him:

Name:
Address of the:
declarant

I hereby declare that I have explained the contents of this form to the proposer in (language) and that I have read out to the proposer the answers to the questions dictated by the proposer and that the proposer has affixed his thumb impression to this form after fully understanding the contents thereof.

Signature: